

ORIGINAL OR AMENDED

STATEWENT OF ORGANIZATION	FORM FOR CANDIDATE COMMITTEES
1. Committee ID #: 150172 2. Type of Filing: Original Amendment to Items: 79 Eff. Date: 5-19-08	10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be
3. Full Name of Committee (must include Candidate's first and last name): 100 ACD D. ROBAINS	11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loa Association)
4a. Candidate Full Name (Last, First, M.I.): 100BBiWS ROUNCO DAVIO 4b. Political Party (if applicable): 100BBiWS ROUNCO DAVIO 100BBiWS CRAT	a. Official Depository
4c. County of Residence:	b. Secondary Depository
4d. Office Sought (Check one): Governor Lt. Governor State Senator	Move
State Rep. Sec. of State Attorney Gen. State Bd. of Ed. UofM Reg. MSU Trustee WSU Gov. Supreme Court Appeals Court Circuit Court District Court Probate Court Municipal Court	12. This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.
Local or other please specify: 50 per 150	13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureatt of Elections only and does not apply to candidates that file with the County Clerk's office.
5. Date Committee was Formed: $3 - 2000$ 6a. Committee Phone #: $662 - 4303$ 6b. Committee Fax #:	The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to receive or spend \$20,000 in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of charge to assist you in meeting this requirement.
6c. Committee E-mail Address: 7a. Complete Comm. Mailing Address (May be PO Box):	Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
AUBURN MF 48611	** OR ** Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.
7b. Complete Comm. Street Address (May not be PO Box):	14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures
8. Treasurer Name and Complete Address:	below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)
Phone #:	Candidate: 1/1/4
E-mail Address: 9. Designated Record Keeper Name and Complete Address:	July ward Com
	Current Treasurer:
Phone #:	Designated Record Keeper (Required only if filing electronically):
E-mail Address: CFR101 CAN SO.doc REV 11/05: Authority granted under Act 388 of 1976, as a second control of the control of t	